

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2578
446

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 28 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Booth Memorial Hospital				d. STREET ADDRESS (If rural, give location) 14 No. Spring Avenue			
3. NAME OF DECEASED (Type or Print)		a. (First) Anna		b. (Middle) Magdaline		c. (Last) Coyle	
4. DATE OF DEATH		(Month) Jan		(Day) 16		(Year) 49	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Mar. 3-1918	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Willhelm		13b. MOTHER'S MAIDEN NAME Ella Primmer		14. NAME OF HUSBAND OR WIFE George			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME George Coyle			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic diffuse pelvic inflammatory disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 15 JAN 1949				INTERVAL BETWEEN ONSET AND DEATH yes.	
19a. DATE OF OPERATION 1-15-49		19b. MAJOR FINDINGS OF OPERATION Adhesive inflammatory mass involving pelvic structures & ileum				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-16, 1948, to 1-16, 1949, that I last saw the deceased alive on 1-16, 1949, and that death occurred at 5:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Ruth J. McLaughlin		(Degree or title) M.D.		23b. ADDRESS 3805 So Broadway		23c. DATE SIGNED 1-16-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan. 19-49		24c. NAME OF CEMETERY OR CREMATORY Lakewood Cem		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL JAN 17 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Ruth J. McLaughlin		ADDRESS 2301 Lafayette Ave	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

L R Cooper

Signed _____

Student Embalmer

Licensed Embalmer No. *3633*

P. O. Address *2301 Lafayette*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.